

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission ..... 26/08/2022 09:00 (SGT)  
Reported by ..... Both  
Date of Accident ..... 21/08/2022 21:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ORCHARD ROAD TOWARDS PLAZA SING  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGN1645B

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEONG JIA HUI,NICHOLAS  
NRIC No ..... S9111475E  
Email Address ..... nickleong12@gmail.com  
Mobile Phone No ..... (Phone) +65-97735322  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A6  
Variant ..... A6 AVANT 2.0 TFSI MU  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1984

#### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Policy Number / Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LEONG JIA HUI,NICHOLAS  
NRIC No ..... S9111475E  
Date Of Birth ..... 04/04/1991  
Occupation ..... Indoor

Date Of Driving Pass .....	16/03/2011
Driving experience .....	11 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97735322
Alt. Phone Number .....	-
Email Address .....	nickleong12@gmail.com
Address .....	282 CHOA CHU KANG AVENUE 3 #12-436 SPORE 680282
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLS381H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBE2646Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-




(collectively the "Parties")


**Describe Circumstances of the Accident**


I was travelling straight along Orchard road towards Plaza Singapura on the most right lane. Suddenly vehicle B which was on Oxley Road turn right onto Orchard Road, without ensuring the traffic is cleared, despite having a stop line and collided onto the right portion of my vehicle causing my vehicle to swerve left and collided into the right portion of vehicle C.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel































